31a

Revision:	HCFA-F August State:		(E	BPD)	OMB No.: 0938-			
<u>Citation</u> 1902 (a) (5	52)	3.5	<u>Famili</u>	es Rec	eiving Extended Medicaid Benefits			
and 1925 of the Act		(a)	6-mon under duratio catego in <u>ATT</u> provid	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <u>ATTACHMENT 3.1-A</u> (or may be greater if provided through a caretaker relative employer's health insurance plan).				
		(b)	Services provided to families during the seco 6-month period of extended Medicaid benefit under section 1925 of the Act are					
				service AFDC ATTAC provide	ial in amount, duration, and scope to vices provided to categorically needy DC recipients as described in FACHMENT 3.1-A (or may be greater it vided through a caretaker relative bloyer's health insurance plan).			
				service AFDC provide employ	in amount, duration, and scope to es provided to categorically needy recipients, (or may be greater if ed through a caretaker relative yer's health insurance plan) minus ne or more of the following acute es:			
					Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
					Medical or remedial care provided by licensed practitioners.			
					Home health services.			
TN No. 9		Approval Da	ate: <u>NOV</u>	14 19	94 Effective Date: 1/1/92			

Revision:	HCFA-P August	-	(BPD)		OMB	No.: 0938-
	State: _	Kentucky				
Citation	3.5			es Receiving Extended Medicaid ued)	Bene	<u>fits</u>
				Private duty nursing services.		
				Physical therapy and related serv	rices.	
		[Other diagnostic, screening, prev rehabilitation services.	entive,	and
		[Inpatient hospital services and nu services for individuals 65 years of in an institution for mental disease	of age	•
		Г		Intermediate care facility services retarded.	for the	e mental
		Г		Inpatient psychiatric services for i age 21.	ndividu	uals under
		Г		Hospice services.		
		Г		Respiratory care services.		
		[Any other medical care and any or remedial care recognize under St specified by the Secretary.	•	•

TN No: 92-1 Supersedes TN No: 87-15

Approval Date: NOV 14 1994 Effective Date: 1/1/92

Revision:	HCFA- August	PM-91-4 t 1991	(BPD)	OMB	No.: 0938-	
	State:	Kentud	cky			
<u>Citation</u>	3.5		milies Receiving Extendentinued)	led Medicaid Benefits		
		(c)	The agency pays the far deductibles, coinsurance offered by the caretaker medical assistance	e, and similar costs for s's employer as paymen 2 nd 6 montretakers to enroll in emp	health plans ts for ths ployers'	
	(d)	(d) (d)	during the second 6-	y provides assistance to month period of extend following alternative me	ed Medicaid	
			Enrollment in the health plan.	e family option of an em	ployer's	
			Enrollment in the health plan.	e family option of a State	e employee	
			Enrollment in the	State health plan for the	ne insured.	
			organization (HM less than 50 per	in an eligible health maintenance n (HMO) with a prepaid enrollment of o percent Medicaid recipients pients of extended Medicaid).		
TN No9 Supersede	es	Approv	val Date: <u>NOV 14 1994</u>	Effective Date: _	1/1/92	

31d

Revision:	HCFA-I August	PM-91-4 1991		(BPD)	OMB	No.:	0938-	
	State: _	Kentud	cky					
<u>Citation</u>	3.5	<u>Fami</u> (Contii		ceiving Extended Medicaid I	Benefits			
			Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.					
		(2)	The ag	gency				
			(i)	Pays all premiums and enroll the family for such plan(s).	lment fees i	mpos	ed on	
			(ii)	Pays all deductibles and coin the family for such plan(s).	isurance im	pose	d on	

TN No. <u>92-1</u> Supersedes TN No. <u>90-34</u>

Approval Date: NOV 14 1994 Effective Date: 1/1/92